

Baseball Photo Order Form

Player Name (first and last):

Contact Information:

Parent/Guardian Name:	Sibling(s):
Phone Number:	Email:

Player Card Info:

Height (FT IN):	Jersey #:
Position:	Birthday (mm-dd-yyyy):

Packages:

Package A: \$50 Digital Files. 2x4 Magnets (2). 5x7 Print (1). 8x10 Print (1)	Qty:
Package B: \$50 Digital Files. 2x4 Magnets (2). 5x7 Prints (2). Wallets (8).	Qty:
Package C: \$60 Digital Files. 2x4 Magnets (2). 5x7 Print (1). 8x10 Print (1). Wallets (8).	Qty:
Digital Files: \$25 1 with bat 1 with glove	Qty:
Player Trading Cards: \$15 8 Cards Close Up Photo Only (player info on back)	Qty:
Wallets: \$8 8 wallet prints	Qty:
5x7 Print: \$5	Qty:
8x10 Print: \$10	Qty:
4x5 Magnets: \$10 2 pack	Qty:
2x4 Magnets: \$8 2 pack	Qty:
Team Photo: \$5 5x7 Print	Qty:
	Total:

Photo Option for Prints:

- ☐ With Bat
- ☐ With Glove

Background Option with Bat:

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 7 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 9 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 10 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 11 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 12 | <input type="checkbox"/> 18 |

Background Option with Glove:

- | | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 7 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 8 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 9 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 10 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 11 | <input type="checkbox"/> 17 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 12 | <input type="checkbox"/> 18 |

Payment Method:

- ☐ Cash
- ☐ E-Transfer (julia.corsino@live.ca)

Please print and submit form during your time slot.

If you do not have access to a printer, printed forms will be available to you during your time slot.

Parent/Guardian Signature: